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DEC 29 2004

COMMONWEALTH OF KENTUCKY PSC Consumer Services

BEFORE THE PUBLIC SERVICE COMMISSION

In the matter of:

M H REHAB )

(Your Full Name)

COMPLAINANT )

Case 2005-00012

VS.

K. U. )

(Name of Utility)

DEFENDANT )

COMPLAINT

The complaint of MICHAEL HUNTAN respectfully shows:

(Your Full Name)

D.B.A.

(a) M. H. REHAB

(Your Full Name)

2220 NIC HOLASVILLE RD SUITE 120

(Your Address)

(b) K. U.

(Name of Utility)

K. U. LEXINGTON KY

(Address of Utility)

(c) That: I WAS PLACED ON THE WRONG

(Describe here, attaching additional sheets if necessary,

RATE. I WAS NOT GIVEN A

the specific act, fully and clearly, or facts that are the reason

CHOICE, IN CLOSED AND COPY

and basis for the complaint,

OF K.U. BILL, NOTE THE

INCREASE IN JULY AND THE

Continued on Next Page

Formal Complaint

M. H. REHAB vs. K. U.

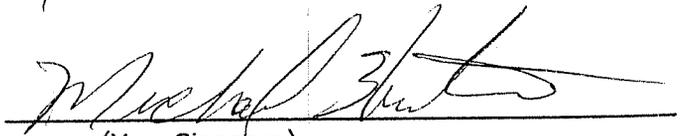
Page 2 of 2

DECREASE, AFTER I CALLED  
IN NOV. PLUS NOTE DEC. #28, 04  
37.05. 01.28 04 63.58  
IS STILL ALMOST DOUBLED, EVEN  
BEFORE THE AEGDED ~~AD~~ RATE INCREASE.

Wherefore, complainant asks KENTUCKY  
(Specifically state the relief desired.)

Dated at 12. LEXINGTON, Kentucky, this 27 day  
(Your City)

of 12, ~~15~~ 2004  
(Month)

  
(Your Signature)

\_\_\_\_\_  
(Name and address of attorney, if any)

## 807 KAR 5:001. Rules of procedure.

### Section 12. Formal Complaints.

(1) **Contents of complaint.** Each complaint shall be headed "Before the Public Service Commission," shall set out the names of the complainant and the name of the defendant, and shall state:

(a) The full name and post office address of the complainant.

(b) The full name and post office address of the defendant.

(c) Fully, clearly, and with reasonable certainty, the act or thing done or omitted to be done, of which complaint is made, with a reference, where practicable, to the law, order, or section, and subsections, of which a violation is claimed, and such other matters, or facts, if any, as may be necessary to acquaint the commission fully with the details of the alleged violation. The complainant shall set forth definitely the exact relief which is desired (see Section 15(1) of this administrative regulation).

(2) **Signature.** The complaint shall be signed by the complainant or his attorney, if any, and if signed by such attorney, shall show his post office address. Complaints by corporations or associations, or any other organization having the right to file a complaint, must be signed by its attorney and show his post office address. No oral or unsigned complaints will be entertained or acted upon by the commission.

(3) **Number of copies required.** At the time the complainant files his original complaint, he must also file copies thereof equal in number to ten (10) more than the number of persons or corporations to be served.

#### (4) Procedure on filing of complaint.

(a) Upon the filing of such complaint, the commission will immediately examine the same to ascertain whether it establishes a prima facie case and conforms to this administrative regulation. If the commission is of the opinion that the complaint does not establish a prima facie case or does not conform to this administrative regulation, it will notify the complainant or his attorney to that effect, and opportunity may be given to amend the complaint within a specified time. If the complaint is not so amended within such time or such extension thereof as the commission, for good cause shown, may grant, it will be dismissed.

(b) If the commission is of the opinion that such complaint, either as originally filed or as amended, does establish a prima facie case and conforms to this administrative regulation, the commission will serve an order upon such corporations or persons complained of under the hand of its secretary and attested by its seal, accompanied by a copy of said complaint, directed to such corporation or person and requiring that the matter complained of be satisfied, or that the complaint be answered in writing within ten (10) days from the date of service of such order, provided that the commission may, in particular cases, require the answer to be filed within a shorter time.

(5) **Satisfaction of the complaint.** If the defendant desires to satisfy the complaint, he shall submit to the commission, within the time allowed for satisfaction or answer, a statement of the relief which he is willing to give. Upon the acceptance of this offer by the complainant and the approval of the commission, no further proceedings need be taken.

(6) **Answer to complaint.** If satisfaction be not made as aforesaid, the corporation or person complained of must file an answer to the complaint, with certificate of service on other parties endorsed thereon, within the time specified in the order or such extension thereof as the commission, for good

cause shown, may grant. The answer must contain a specific denial of such material allegations of the complaint as controverted by the defendant and also a statement of any new matter constituting a defense. If the answering party has no information or belief upon the subject sufficient to enable him to answer an allegation of the complaint, he may so state in his answer and place his denial upon that ground (see Section 15(2) of this administrative regulation).

## 807 KAR 5:001. Rules of procedure.

### Section 15. Forms.

(1) In all practice before the commission the following forms shall be followed insofar as practicable:

- (a) Formal complaint.
- (b) Answer.
- (c) Application.
- (d) Notice of adjustment of rates.
- (2) Forms of formal complaint.
- (3) Form of answer to formal complaint.
- (4) Form of application.
- (5) Form of notice to the commission of adjustment of rates

Before the Public Service Commission

(Insert name of complainant) )  
Complainant )  
vs. ) No. \_\_\_\_\_  
(Insert name of each defendant) ) (To be inserted by  
Defendant ) the secretary

COMPLAINT

The complaint of (here insert full name of each complainant) respectfully shows:

- (a) That (here state name, occupation and post office address of each complainant).
- (b) That (here insert full name, occupation and post office address of each defendant).

(c) That (here insert fully and clearly the specific act or thing complained of, such facts as are necessary to give a full understanding of the situation, and the law, order, or rule, and the section or sections thereof, of which a violation is claimed).

WHEREFORE, complainant asks (here state specifically the relief desired).

Dated at Lexington, Kentucky, this 27 day  
of December, 15 2004.

M. H. REHAB  
(Name of each complainant)

\_\_\_\_\_  
(Name and address of attorney,  
if any)



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Averages for Billing Period	This Year	Last Year
Average Temperature	46°	45°
Number of Days Billed	32	30
Electric/kwh per Day	12.3	14.7

DATE DUE	AMOUNT DUE
12/28/04	\$37.05

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	173.13
Payments as of 12/14	(173.13)
Balance as of 12/14	0.00
Electric Charges	32.97
Taxes and Fees	4.08
Utility Charges as of 12/14	37.05
<b>Total Amount Due</b>	<b>37.05</b>

### ELECTRIC CHARGES

Rate Type: GS-GENERAL SERVICE	
Customer Charge	10.00
Energy Charge	20.99
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$00307 x 394 kwh)	1.21
GS DSM (\$.00024 x 394 kwh)	0.09
Environmental Surcharge (2.850% x \$32.29)	0.92
Merger Surcredit (2.576% CR x \$33.21)	-0.86
ESM Electric Adj (2.330% x \$32.35)	0.75
Value Delivery Surcredit (0.380% CR x \$33.10)	-0.13
<b>Total Electric Charges</b>	<b>\$32.97</b>

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Averages for Billing Period	This Year	Last Year
Average Temperature	56 <sup>o</sup>	55 <sup>o</sup>
Number of Days Billed	29	29
Electric/kwh per Day	12.7	15.2

DATE DUE	AMOUNT DUE
11/24/04	\$173.13

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	173.20
Payments as of 11/12	(173.20)
Balance as of 11/12	0.00
Electric Charges	154.09
Taxes and Fees	19.04
Utility Charges as of 11/12	173.13
<b>Total Amount Due</b>	<b>173.13</b>

ELECTRIC CHARGES	
<b>Rate Type: LP-SECONDARY</b>	
Customer Charge	75.00
Energy Charge	8.14
Demand Charge	66.50
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00316 x 370 kwh)	1.17
LP DSM (\$.00003 x 370 kwh)	0.01
Environmental Surcharge (2.880% x \$150.82)	4.34
Merger Surcredit (2.576% CR x \$155.16)	-4.00
ESM Electric Adj (2.330% x \$151.16)	3.52
Value Delivery Surcredit (0.380% CR x \$154.68)	-0.59
<b>Total Electric Charges</b>	<b>\$154.09</b>

3391

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DATE DUE	AMOUNT DUE
10/26/04	\$173.20

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	179.86
Payments as of 10/14	(179.86)
Balance as of 10/14	0.00
Electric Charges	154.16
Taxes and Fees	19.04
Utility Charges as of 10/14	173.20
<b>Total Amount Due</b>	<b>173.20</b>

Averages for Billing Period	This Year	Last Year
Average Temperature	63°	60°
Number of Days Billed	29	29
Electric/kwh per Day	15.5	15.8

ELECTRIC CHARGES	
Rate Type: LP-SECONDARY	
Customer Charge	75.00
Energy Charge	9.94
Demand Charge	66.50
Other Charges For Above Rates	
Fuel Adjustment (\$ .00213 x 452 kwh)	0.96
LP DSM (\$.00003 x 452 kwh)	0.01
Environmental Surcharge (1.850% x \$152.41)	2.82
Merger Surcredit (2.576% CR x \$155.23)	-4.00
ESM Electric Adj (2.330% x \$151.23)	3.52
Value Delivery Surcredit (0.380% CR x \$154.75)	-0.59
<b>Total Electric Charges</b>	<b>\$154.16</b>

3324

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DATE DUE	AMOUNT DUE
09/27/04	\$179.86

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ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	181.56
Payments as of 09/15	(181.56)
Balance as of 09/15	0.00
Electric Charges	160.08
Taxes and Fees	19.78
Utility Charges as of 09/15	179.86
<b>Total Amount Due</b>	<b>179.86</b>

Averages for Billing Period	This Year	Last Year
Average Temperature	71 °	74 °
Number of Days Billed	32	32
Electric/kwh per Day	22.5	27.8

ELECTRIC CHARGES	
<b>Rate Type: LP-SECONDARY</b>	
Customer Charge	75.00
Energy Charge	15.88
Demand Charge	66.50
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00152 x 722 kwh)	1.10
LP DSM (\$.00003 x 722 kwh)	0.02
Environmental Surcharge (1.690% x \$158.50)	2.68
Merger Surcredit (2.576% CR x \$161.18)	-4.15
ESM Electric Adj (2.330% x \$157.03)	3.66
Value Delivery Surcredit (0.380% CR x \$160.69)	-0.61
<b>Total Electric Charges</b>	<b>\$160.08</b>

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DATE DUE	AMOUNT DUE
08/26/04	\$181.56

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	124.21
Payments as of 08/16	(124.21)
Balance as of 08/16	0.00
Electric Charges	161.58
Taxes and Fees	19.98
Utility Charges as of 08/16	181.56
<b>Total Amount Due</b>	<b>181.56</b>

Averages for Billing Period	This Year	Last Year
Average Temperature	71 °	74 °
Number of Days Billed	29	29
Electric/kwh per Day	26.7	23.9

ELECTRIC CHARGES	
<b>Rate Type: LP-SECONDARY</b>	
Customer Charge	75.00
Energy Charge	17.05
Demand Charge	66.50
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00133 x 775 kwh)	1.03
LP DSM (\$.00003 x 775 kwh)	0.02
Environmental Surcharge (1.940% x \$159.60)	3.10
Merger Surcredit (2.576% CR x \$162.70)	-4.19
ESM Electric Adj (2.330% x \$158.51)	3.69
Value Delivery Surcredit (0.380% CR x \$162.20)	-0.62
<b>Total Electric Charges</b>	<b>\$161.58</b>

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Averages for Billing Period	This Year	Last Year
Average Temperature	73.9	74.9
Number of Days Billed	31	30
Electric/kwh per Day	23.9	34.4

DATE DUE	AMOUNT DUE
07/28/04	\$124.21

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	79.57
Payments as of 07/16	(79.57)
Balance as of 07/16	0.00
Electric Charges	110.54
Taxes and Fees	13.67
Utility Charges as of 07/16	124.21
<b>Total Amount Due</b>	<b>124.21</b>

ELECTRIC CHARGES	
<b>Rate Type: LP-SECONDARY</b>	
Customer Charge	36.29
Energy Charge	18.90
Demand Charge	53.39
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00008 x 742 kwh)	0.06
LP DSM (\$.00003 x 742 kwh)	0.02
Environmental Surcharge (2.420% x \$108.66)	2.63
Merger Surcredit (2.568% CR x \$111.29)	-2.86
ESM Electric Adj (2.330% x \$108.43)	2.53
Value Delivery Surcredit (0.380% CR x \$110.96)	-0.42
<b>Total Electric Charges</b>	<b>\$110.54</b>

*43/25*

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DATE DUE	AMOUNT DUE
06/28/04	\$79.57

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	64.44
Payments as of 06/16	(64.44)
Balance as of 06/16	0.00
Electric Charges	70.83
Taxes and Fees	8.74
Utility Charges as of 06/16	79.57
<b>Total Amount Due</b>	<b>79.57</b>

Averages for Billing Period	This Year	Last Year
Average Temperature	71°	63°
Number of Days Billed	31	32
Electric/kwh per Day	30.5	15.7

ELECTRIC CHARGES	
<b>Rate Type: LP-SECONDARY</b>	
Energy Charge	27.17
Demand Charge	41.10
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$ .00120 x 946 kwh)	1.14
LP DSM (\$ .00003 x 946 kwh)	0.03
Environmental Surcharge (2.660% x \$69.44)	1.85
Merger Surcredit (2.538% CR x \$71.29)	-1.81
ESM Electric Adj (2.330% x \$69.48)	1.62
Value Delivery Surcredit (0.380% CR x \$71.10)	-0.27
<b>Total Electric Charges</b>	<b>\$70.83</b>

3063

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Averages for Billing Period	This Year	Last Year
Average Temperature	62 <sup>o</sup>	62 <sup>o</sup>
Number of Days Billed	29	30
Electric/kwh per Day	18.3	15.9

DATE DUE	AMOUNT DUE
05/27/04	\$64.44

**ACCOUNT INFORMATION**

Account Number: 011763-022 0  
 Account Name: M H Rehab  
 Service Address: 2220 Nicholasville Rd Ste 120  
 Lexington, Ky

**BILLING SUMMARY**

Previous Balance 65.34  
 Payments as of 05/17 (65.34)  
 Balance as of 05/17 0.00  
 Electric Charges 57.35  
 Taxes and Fees 7.09  
 Utility Charges as of 05/17 64.44  
**Total Amount Due 64.44**

2996

**ELECTRIC CHARGES**

<b>Rate Type: LP-SECONDARY</b>	
Energy Charge	15.28
Demand Charge	41.10
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00038 x 532 kwh)	0.20
LP DSM (\$.00003 x 532 kwh)	0.02
Environmental Surcharge (1.980% x \$56.60)	1.12
Merger Surcredit (2.538% CR x \$57.72)	-1.46
ESM Electric Adj (2.330% x \$56.26)	1.31
Value Delivery Surcredit (0.380% CR x \$57.57)	-0.22
<b>Total Electric Charges</b>	<b>\$57.35</b>

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DATE DUE	AMOUNT DUE
04/28/04	\$65.34

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	50.12
Payments as of 04/16	(50.12)
Balance as of 04/16	0.00
Electric Charges	58.16
Taxes and Fees	7.18
Utility Charges as of 04/16	65.34
<b>Total Amount Due</b>	<b>65.34</b>

Averages for Billing Period	This Year	Last Year
Average Temperature	49°	54°
Number of Days Billed	31	29
Electric/kwh per Day	18.6	15.2

ELECTRIC CHARGES	
<b>Rate Type: LP-SECONDARY</b>	
Energy Charge	16.57
Demand Charge	41.10
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00071 x 577 kwh)	0.41
LP DSM (\$.00003 x 577 kwh)	0.02
Environmental Surcharge (0.710% x \$58.10)	0.41
Merger Surcredit (2.538% CR x \$58.51)	-1.48
ESM Electric Adj (2.367% x \$57.03)	1.35
Value Delivery Surcredit (0.380% CR x \$58.38)	-0.22
<b>Total Electric Charges</b>	<b>\$58.16</b>

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DATE DUE	AMOUNT DUE
03/26/04	\$50.12

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

BILLING SUMMARY	
Previous Balance	64.33
Payments as of 03/16	(64.33)
Balance as of 03/16	0.00
Electric Charges	55.31
Taxes and Fees	6.84
Utility Charges as of 03/16	62.15
Other Charges	(12.03)
<b>Total Amount Due</b>	<b>50.12</b>

Averages for Billing Period	This Year	Last Year
Average Temperature	41 °	36 °
Number of Days Billed	31	31
Electric/kwh per Day	17.5	12.4

ELECTRIC CHARGES	
Rate Type: LP-SECONDARY	
Energy Charge	15.62
Demand Charge	41.10
Minimum Applied	
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00032 CR x 544 kwh)	-0.17
LP DSM (\$.00004 x 544 kwh)	0.02
Environmental Surcharge (1.060% CR x \$56.57)	-0.60
Merger Surcredit (2.538% CR x \$55.97)	-1.42
ESM Electric Adj (1.771% x \$54.55)	0.97
Value Delivery Surcredit (0.380% CR x \$55.52)	-0.21
<b>Total Electric Charges</b>	<b>\$55.31</b>

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DATE DUE	AMOUNT DUE
02/26/04	\$64.33

ACCOUNT INFORMATION	
Account Number:	011763-022 0
Account Name:	M H Rehab
Service Address:	2220 Nicholasville Rd Ste 120 Lexington, Ky

Averages for Billing Period	This Year	Last Year
Average Temperature	29°	27°
Number of Days Billed	29	30
Electric/kwh per Day	18.6	17.1

BILLING SUMMARY	
Previous Balance	63.58
Payments as of 02/16	(63.58)
Balance as of 02/16	0.00
Electric Charges	57.25
Taxes and Fees	7.08
Utility Charges as of 02/16	64.33
<b>Total Amount Due</b>	<b>64.33</b>

### ELECTRIC CHARGES

<b>Rate Type: LP-SECONDARY</b>	
Energy Charge	15.57
Demand Charge	41.10
<b>Other Charges For Above Rates</b>	
Fuel Adjustment (\$.00059 x 542 kwh)	0.32
LP DSM (\$.00004 x 542 kwh)	0.02
Environmental Surcharge (1.640% x \$57.01)	0.93
Merger Surcredit (2.538% CR x \$57.94)	-1.47
ESM Electric Adj (1.771% x \$56.47)	1.00
Value Delivery Surcredit (0.380% CR x \$57.47)	-0.22
<b>Total Electric Charges</b>	<b>\$57.25</b>

ase see reverse side for additional charges.

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Averages for Billing Period	This Year	Last Year
Average Temperature	34°	38°
Number of Days Billed	34	34
Electric/kwh per Day	15.0	16.2

DATE DUE	AMOUNT DUE
01/28/04	\$63.58

**ACCOUNT INFORMATION**  
 Account Number: 011763-022 0  
 Account Name: M H Rehab  
 Service Address: 2220 Nicholasville Rd Ste 120  
 Lexington, Ky

**BILLING SUMMARY**

Previous Balance	61.15
Payments as of 01/16	(61.15)
Balance as of 01/16	0.00
Electric Charges	56.58
Taxes and Fees	7.00
Utility Charges as of 01/16	63.58
<b>Total Amount Due</b>	<b>63.58</b>

**ELECTRIC CHARGES**

<b>Rate Type: LP-SECONDARY</b>	14.70
Energy Charge	41.10
Demand Charge	0.18
Minimum Applied	0.02
<b>Other Charges For Above Rates</b>	1.22
Fuel Adjustment (\$.00035 x 512 kwh)	-1.41
LP DSM (\$.00004 x 512 kwh)	0.99
Environmental Surcharge (2.180% x \$56.00)	-0.22
Merger Surcredit (2.470% CR x \$57.22)	
ESM Electric Adj (1.771% x \$55.81)	
Value Delivery Surcredit (0.380% CR x \$56.80)	
<b>Total Electric Charges</b>	<b>\$56.58</b>

*2704*

see reverse side for additional charges.

Please bring entire bill when paying in person.

M.H. BEHAB  
238 EAST LOWRY LANE  
LEXINGTON, KY 40503

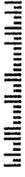
U.S. POSTAGE  
LEXINGTON, KY  
40517-0404  
001 01 065-15  
41602

AMOUNT

\$1.06



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COMMISSION

ENUNION MENTAL + PUBLIC PROTECTION CABINET  
211 SOUTHWEN BLVD.  
PO BOX 615  
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40602-0615